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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP03/08151 07/23/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0217196.5 07/25/2002

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/23/2007

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>				

## ADDRESS

23347

## TITLE

Medicament dispenser

<b>FILING FEE RECEIVED</b> 1750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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